



Nurse Corps News

Volume 9, Issue 1

January 2015

Inside this issue:

Director's Corner: Selection Boards	1
29 JAN: Admiral's Virtual All Hands	2
Honoring the Legacy of Navy Nurses	2
Reserve Corner: Preparing Yourself for the Board	3
Specialty Leader Updates (1945/1950/3130)	4-6
New Nursing Scholarship Opportunity	5
Are You in Zone? Call Your Detailer!	7
Could You Use an Extra \$40,000?	7
BZ to NHC Quantico!	7
Bravo Zulu!	8
Nurse Corps Legacy	8

Submit your articles, photos, and BZs through your chain of command to

NCNewsletter
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Nurse Corps News
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Director's Corner: Selection Boards

Happy New Year! I hope your holidays were bright and allowed you time to pause and celebrate the successes of 2014 while recharging for 2015.

In December the lineal list was released. Every FY, promotion plans for each pay grade are determined based on the number of authorized billets as compared to the number of retirements, separations and resignations. The overall number of available billets and the zone size are driven by the number of vacancies in each pay grade inventory. This makes January an ideal time to evaluate career plans and career progression and a good time to scrutinize official records. I strongly encourage an annual self-assessment process. If you expect to be in or below zone this upcoming year, this personal assessment takes on even greater significance.

Are all your fitness reports and awards present? Is your photo current? Is your summary record accurate? If items are missing or inaccurate, critical elements of your "story" may be missed, overlooked, or negatively perceived. I cannot overemphasize the importance of embracing a regular record review as a personal responsibility early

in one's career.

I am often asked whether or not an officer should submit a personal letter or letters of recommendation (LOR) to the board. Generally, I do not recommend additional letters and believe an official record should stand on its own as a reflection of the officer's performance, career achievements, and potential. However, a personal letter or LOR might be considered, if in an above zone situation, to provide amplifying endorsement for selection or to address conflicting or potentially adverse information in the record. If you are requesting an LOR, it should be from a senior officer who has worked closely with you, one who can describe your strengths and positive attributes.

I strongly suggest you identify a mentor with whom to review your personnel file. Solicit and receive an objective assessment. There should be senior leaders at your command who can assist you or you can contact members of the NC Office (CAPT Beadle, CAPT Atterbury, or CAPT Morrison) and/or your detailer. Ask mentors also to explain the board process to you. At many commands there are professional development and board prepara-



Rebecca McCormick-Boyle
RADM, NC, USN
Director, Navy Nurse Corps

tion briefs. Take advantage of the many resources available to you, listen, and learn; they are rich with pearls of wisdom.

The Nurse Corps is comprised of many great and outstanding officers. Not all in the zone will be promoted, however. They can't be; the system is not designed to allow it. Each year the number to be selected for promotion is established and then the promotion zone is created to achieve an "opportunity" for selection. Records "in the zone" are reviewed and selections are made until the target number is met – no more, no less. The board receives guidance, called the precept, to steer its efforts to select those demonstrating the most potential to assume the next rank of leadership. In this

(continued next page)



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Director's Corner: Selection Boards *(continued)*



way, Navy Medicine shapes its future force. It is a tough, but very fair process. I am confident we do promote the best and brightest, but I also fully acknowledge that each year there are fine

officers who fail to select. In summary, your career matters, but your career won't happen by magic. There are many who can help you steer your course, but the one most responsible for your

career progression is Y-O-U. Attend to your career carefully and deliberately. Nurture it and take stock regularly by assessing your plans, your progression, and your records. Continue to develop pro-

fessionally as a nurse and as an officer in support of the Navy Corps and Navy Medicine goals and objectives.



29 JAN: Admiral's Virtual Nurse Corps ALL HANDS Event on Facebook

RADM Rebecca McCormick-Boyle will host a virtual "Nurse Corps All Hands" via Facebook on 29 January from 1400-1500 EST.

This is an opportunity

to communicate "live" with the Director of the Navy Nurse Corps.

Participants are encouraged to log-on via [Facebook](#) and chat with the admiral about the current/

future state of the Nurse Corps, professional development, policy and practice, recruiting and retention efforts, and other issues affecting the community.

Primary point of contact is [LCDR Marlow Levy](#). For updates and information, please visit:

- [Facebook](#)
- [Twitter](#)
- [Milsuite](#)

From the Director: Honoring the Legacy of Navy Nurses Worldwide



January 6 commemorated the 72nd anniversary of one of the most tragic, yet heroic and triumphant moments in Navy Nurse Corps history. On that date in 1942, 11 Navy Nurses and three civilian nurses were taken prisoner by Japanese forces in the Philippines. During their 37-month imprisonment, these nurses – known as the "Band of Angels" – continued to care for the sick and injured despite the fact they suffered from their own malnutrition and disease. They were liberated in February, 1945.

Throughout World War II, Navy Nurses served at 40 naval hospitals, 176 dispensaries, and on board 12 hospital ships. They earned over 300 military awards and honors for their efforts.

From the proud and humble beginnings of the first "[Sacred Twenty](#)" to today's force of more 4,000, Navy Nurses are committed to duty and heroic sacrifice in the service of our country. Navy Nurses have set the highest standards for our profession since its inception and we continue to carry the banner of that proud legacy.

Today, we continue this proud tradition of selfless service at home and around the globe, at military treatment facilities (MTFs), ambulatory care centers, research facilities, education and training commands, and a broad range of operational settings. Navy Nurses are also at the forefront of joint operations, serving alongside health care pro-

viders from our sister services and with allied forces medical teams. Paying homage to the "Band of Angels," I would be remiss if I did not highlight our continued presence and commitment to our mission in the Pacific, where Navy Nurses are on call and ready to support humanitarian assistance and disaster relief missions, as well as annual partnership missions like Pacific Partnership. We are a team of professionals who serve with one overall mission: to provide the best possible care for our patients.

This charge to care both on and off the battlefield is truly a calling, not just a career. It's a calling to deliver competent and compassionate nursing care whenever and wherever we are needed. For many

patients, the first person they see when they open their eyes after surgery, illness, or an injury is their Navy Nurse. No matter where they are serving, Navy Nurses stand ready at bedsides around the globe and are a vital force in any setting.

I am humbled by our Navy Nurses who are recognized for bravery, heroism, and leadership throughout our naval history. From the proud and modest beginnings of the first Navy Nurses and the "Band of Angels" to today's force of nurses, our professional Nurse Corps waves the banner of our Navy legacy – providing caring, compassionate, and competent care, anytime, anywhere.





Reserve Corner: Preparing Yourself for the Selection Board

Happy New Year to all Navy Nurses! In 2015, we will continue our transformation into a formidable force designed to tackle the needs of the future. I am confident that we have a Nurse Corps leadership structure in place that will enable us to achieve many great things in the coming year.

The New Year is a great time to renew your commitment to serve, establish goals, and prepare yourself and your shipmates to reach new career heights. Selection Boards will kick off with the O-5/O-6 Nurse Corps Promotion Board in February. The total number of officers to promote will likely be limited, as in years past, as we continue our force restructuring. What this means is now more than ever our RC nurses need to be strategic in their career planning. Clinical relevance, excellence in practice, contributions to the Navy, continuing education, and operational experience are all critically important. Having participated in several Boards, I am always astounded by the number of officers who do not take the time to review their records for

completion. Record review by the individual officer is the minimal expectation, but at every board there are always otherwise exceptional officers who are missing information, FITREPs, or have outdated photos. In today's competitive environment, it is practically assured that these officers will not promote. Make sure your record is up to date with current clinical credentials, education, continuing education, and unit responsibilities. Not all of the members of the Selection Board are nurses, so make sure your accomplishments are obvious to any reviewer.

On the other hand, do not send duplicate or superfluous information to the Board. The only time correspondence with the Board is warranted is if information is missing, or recent accomplishments (awards or training, etc.) have not been captured by the period of the most recent FITREP. Avoid what I call "Look at Me" correspondence. The Board is required to consider each officer individually and record review takes substantial time. Do not add to the burden by requiring Board members to review information already contained elsewhere in your record.

The same is true for letters of recommendation

(LOR). Don't submit one unless the information is not contained elsewhere in your record. All of your accomplishments should be listed in your record. A letter from your CO recommending you for promotion is redundant since he or she already wrote their recommendation in your FITREP. Don't submit one unless something significant has changed since the report period – for example, you became Acting Senior Nurse Executive (SNE) due to deployment of the SNE. In that case it would be far better to request a Special Report rather than an LOR. It is appropriate to submit an LOR if you served with distinction with, or on behalf of, another Command and the Senior Officer would like to communicate your accomplishment (and you did not get a FITREP).

I have been asked to write LORs recently and have respectfully declined. Flag officers are required to participate in certain Boards and since I cannot know to which Boards the Chief of Naval Operations will appoint me, I do not wish to create a conflict. Also, unless I specifically served with a particular nurse and it was recent, I can offer nothing more than a letter that is general in



Tina Alvarado
RDML, NC, USN
Deputy Director,
Reserve Component

nature. Again, this is not helpful to the Board's deliberations.

That being said, I expect that the cream will rise to the top and the upcoming Board will select exceptional nurse leaders, but other also equally exceptional nurses will not promote. It is important to emphasize that failure to select is not a reliable indicator of your future success in the Navy. These days it is an external, numbers-driven cap based on limited billets. So, prepare yourself the best you can, keep reaching for the tough jobs and keep on trucking. Your Navy needs you and many nurses are promoted above zone! I look forward to congratulating our next group of senior nurses. Best wishes to all.



Specialty Leader Update: ER/Trauma (1945)



Daniel D'Aurora
CDR, NC, USN

The second half of 2014 was an exciting and busy time for the 1945 specialty and the beginning of 2015 is proving to continue that trend. We continue to support the Navy and Nurse Corps missions by deploying 1945s in support of the Special Purpose Marine Air-Ground Task Force (SPMAGTF) Spain, which was instrumental in the Ebola outbreak response during the summer and fall of 2014. Our nurses not only deployed to the region stricken by Ebola, they came back to the States, conducted their required quarantine, and then redeployed to Spain

to continue their primary mission. I could not be more proud of those individuals and they have earned my sincere respect!

And while our nurses are supporting missions throughout the world, 1945s both here and abroad have achieved incredible accomplishments. LT Katrina Provost and LTJG Kylee Moore, from Naval Hospital Camp Lejeune, both earned their Fleet Marine Force pins while serving on deployments in Afghanistan. Additionally, LT Leslie Schneider, also from Camp Lejeune, completed her Master's Degree in Health Administration and achieved certification as a Sexual Assault Nurse Examiner.

The 1945 nurses of Naval Hospital Okinawa have been leading their command with several noteworthy process improvement initiatives. LT Lindsey Manko modified the treatment process of their ED in order to react quickly to an outbreak of Leptospiro-

sis at the Marine training center. In addition, LT Manko led a process improvement team to enhance communications between the ED and primary care clinics in alignment with Navy Medicine's priority of reducing ED utilization by primary care patients.

LCDR Arturo Alvarado's "Length of Stay Project" was selected as the winner of Naval Hospital Okinawa's Quality Fair! During the course of the project, the need for expanded training of junior nurses and hospital corpsmen assigned to the ED became apparent. LCDR Alvarado subsequently led the initiative to bring the Emergency Nurses Association's (ENA) Emergency Nursing Orientation and Triage Skills course to NH Okinawa.

LCDR Tony Torres led the collaboration with colleagues at the USAF 18th Medical Group and 3rd Medical Battalion for the spring Joint Mass Casualty drill to test the command's updated mass casualty

response. This joint medical training allowed for improvements to the current system and better awareness of responsibilities to all members of the command. LCDR Alvarado and LCDR Torres successfully completed the Joint En Route Care Course in support of the Alert Contingency MAGTF.

It is truly the accomplishments such as those described above that make me honored to serve as the Specialty Leader for the ER/Trauma community. Bravo Zulu to all!

Lastly, since my last update, many of you have contacted me asking for information on the status of the ENA's Emergency Nursing Orientation and Triage Skills course. It has the full support of Nurse Corps leadership and we hope to have it available this year. Feel free to [contact me](#) by email or at (910) 450-4181.



Nurses:
Do you have a question
for the Admiral?

E-mail your questions to
NCNewsletter@med.navy.mil
to "Ask the Admiral"

Have an idea for an article or photos of you and your colleagues doing what you do best?

Submit your articles, photos, and BZs through
your chain of command to:

NCNewsletter@med.navy.mil



Specialty Leader Update: Perioperative Nursing (1950)

Where did 2014 go? Looking back, the perioperative community can reflect on their accomplishments over the past year and identify their continued efforts in meeting the challenges 2015 will bring.

Last year, the perioperative community established standardization initiatives focusing on staffing models, sterile processing, and operating procedures. With the stand up of the Surgical Services Product Line (SSPL), CAPT Gruschkus-Wright and CDR Bunten readily recognized such initiatives and adopted them into their strategic framework to optimize operating room performance. The SSPL has identified and established 14 working groups

where about 90% of the teams have perioperative nursing representation. Perioperative nurses are critical to the development and alignment of surgical processes that will meet expectations while capitalizing on access to care, quality of care, and patient safety as the MHS survey addressed. Additionally, this community will incorporate High-Reliability Health Care principles to foster an environment of “collective mindfulness.”

This community has maintained a manning health of 95-96%, which is attributed to the perioperative nurses “speaking up” to the importance of their specialty and the impact it has within healthcare. Their efforts have contributed signifi-

cantly to a high rate of applicant submissions for our Perioperative 101 training program. This includes our reservist community, where the perioperative manning levels have increased from 66% to 68%. Looking back to two years ago, when manning rates were 86% for Active Duty and 56% for Reserve Corps, these gains are impressive!

Lastly, 2014 brought congratulations to three of our Perioperative leaders on their retirement: CDR Karen Ecarius, CDR Bradlee Goeckner, and CDR Martin Defant. These leaders served our Navy, our Nurse Corps, and our Perioperative community honorably. You will be greatly missed, but thank you for



Carol Burroughs
CDR, NC, USN

your service and sacrifices.

The perioperative community welcomes 2015 and is ready to continue to provide and support our service members, retirees, and dependents at home and abroad. Expect the perioperative nursing community to lead the way in high quality of care and patient safety with a [High Reliability Organization](#) mentality.

New Nursing Scholarship Opportunity!

The Washington Metropolitan Area Navy Nurse Corps Association (WMANNA) Chapter is offering Nursing Scholarships to three Navy Nurses – active duty (non-DUINS), reserve component, and retired or former Navy Nurses – to continue their studies for an advanced graduate degree in Nursing. A \$1,000 scholarship will be awarded to each win-

ner. The applicant must live or work in the WMANNA area of responsibility (Maryland, Virginia, West Virginia, Pennsylvania, New Jersey, Delaware, or the District of Columbia). Deadline for submission is 01 April 2015. Download the guidelines and application materials [here](#).



DNS/SNEs:

Would you like to see your command featured in our new Command Spotlight section?

Contact us to find out how!

NCNewsletter@med.navy.mil



Specialty Leader Update: Healthcare and Business Analytics (3130)



Lonnie Hosea
CDR, NC, USN

Happy New Year and Congratulations to our newest Duty under Instruction (DUINS) selectees! This is the time of year to review the application requirements if you are considering any of the Healthcare and Business Analytics education or fellowship opportunities (Manpower Systems Analyst, Health Administration/Master of Business Administration, or The Joint Commission). We had an extremely strong group of applicants this past board and it was apparent that a number of the applicants had worked for years strengthening their application (e.g., completing a graduate degree along with demonstrated superior performance).

The Joint Commission Fellowship

Ever thought about applying for The Joint Commission (TJC) Fellowship? Not sure what it is? Not sure of the requirements and career mobility? **Well, we have answers!**

Fellowship: Since 1993, The Joint Commission has partnered with the military Services for a one year in residence fellowship at TJC Headquarters at Oak Brook Terrace, IL. Fellows have the opportunity to observe civilian and military accreditation surveys as an over-the-shoulder participant. Our Nurse Corps fellows receive an orientation to all TJC departments with rotations in various divisions. You will also have unique opportunities to observe board meetings with top Healthcare Executives from across the nation and opportunities to observe accreditation hearings and other executive meetings related to accreditation, health care improvement, and patient safety throughout the United States. By participation in TJC Fellowship, our Nurse Corps officers will belong to a small fraternity of 65 TJC military fellows and become key

figures in leading Navy Medicine to becoming a [High Reliability Organization](#) – a major Military Health System goal.

Requirements: Apply through DUINS! Applicants must have three years of clinical experience, hold a Master's degree in a health care related field and have attained the rank of O-4. Ideal applicants will also have a working knowledge of The Joint Commission accreditation standards, survey processes, quality improvement processes, and metrics. Additionally, strong interpersonal and organizational skills are important.

Utilization Tour and Follow-On Assignments: TJC Fellows are worldwide deployable. The utilization and follow-on tours are typically at BUMED, Navy Medicine East and West, or at one of our Medical Centers in San Diego or Portsmouth.

As I write this article, Naval Medical Center Portsmouth (NMCP) is scheduled to receive a visit from the TJC in less than ten days. I have an up close view of the leadership impact the TJC Fellows at all levels of Navy Medicine. These officers have helped NMCP and all of our fa-

cilities deliver higher quality and safer health services.

If you have any questions regarding the TJC Fellowship opportunity, please [contact me](#) and I will connect you with a TJC Fellow mentor.

Informatics Update

Navy Medicine has assigned a Chief Nursing Informatics Officer (CNIO) at all 17 of its bedded Medical Treatment Facilities and at least one Region. As we continue to critically examine the applications and workflows required for our clinicians to function, this talented and motivated group of CNIOs will collaborate with the Chief Information Officers and Chief Medical Informatics Officers to streamline and resolve inefficiencies around which we have been working for years. At a strategic level, CNIOs will be engaged with the Tri-service effort towards the development and deployment of an electronic health record.



Are You in Zone? Call Your Detailer!

Board season is just around the corner. Is your record ready? There are some steps you can take to make sure that the promotion board sees the “real you” when reviewing and briefing your record.

Take the time right now to review your Official Military Personnel File (OMPF), your Officer Summary Record (OSR), and your Performance Summary Record (PSR) while you still have time to correct any issues. Ensure your official photo is up-to-date, ensure all of your FITREPs are there,

examine your FITREPs to determine if there are any gaps between your reporting periods, and make sure that all of the documents in your OMPF are yours.

Review your OSR and PSR for completeness and accuracy. Please contact your detailer to schedule an appointment for a record review – WE CAN HELP!

Detailers do not have access to officers' OSR and PSR. These two documents and your official photo are the documents seen in the tank by the selection board, so ensuring

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- CAPT
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- Education & Training
- Executive Medicine
- Research
- BUMED

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- LT
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LCDR Aron Bowlin

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- LTJG
- ENS
- New Accessions
- Recruiters

that they are updated is extremely important.

When scheduling an appointment for a record review, please send the

PDF version of your OSR and PSR via encrypted email to your detailer.

Could you use an extra \$40,000?

Valerie Morrison CAPT, NC, USN

I am very excited to announce that 8 qualified NC officers will be selected to receive up to \$40,000 for BSN loan repayment. Those selected will incur a 2-year obligation. Please read the notice in its entirety.

You must have at least three years of commissioned service, but no more than 12 years of total service (enlisted and officer time). You also must have completed your initial obligation by 30 Sep 2015.

Last year there were 43 intents to apply, 34 completed applications, and 12 selections. I anticipate it

will continue to be a highly competitive process! Please let your chain of command know your intent to apply, and also email me by 20 February 2015, and include the following information: Rank, Last Name, First Name, Middle Initial (MI), Specialty/Code, telephone number, estimated total health professions loan balance, and degree attained with the loan for which repayment is being sought.

I am your POC for questions! Thank you so much and... “May the odds be ever in your favor!”



BZ to NHC Quantico!

Bravo Zulu to Naval Health Clinic Quantico! Their Patient Centered Medical Home clinics, both Mainside and at Washington Navy Yard, have successfully recertified as National Committee for Quality Assurance (NCQA) Level III organizations. NCQA recognition is an internationally recognized affirmation of quality and represents completion of a rigorous and comprehensive review of nine key categories of performance. Level III recognition, the highest, signifies successful compliance with all critical elements of these nine standards and a high overall score. This is a significant achievement and represents the first Navy

Medicine command to recertify for Level III recognition.

The staff of both Medical Home Ports were critical in this certification. Special recognition goes to nursing leaders who led the way for this accomplishment:

- LCDR Linda (Alana) Huber, Director of Health Services

- LT (sel) Stephanie Beatty, Mainside Medical Home Port Department Head

- CDR Sharon House, Director, Branch Clinics

- Francesca Cariello and Rose Duncan, civilian nurse leaders. Ms. Cariello and Ms. Duncan were also instrumental in Quantico's initial certification.

BRAVO ZULU, team!



Bravo Zulu!

Certification:

- LTJG Kaitlin Darkes at Naval Medical Center Portsmouth earned the Certified Hospice and Palliative Nurse (CHPN) certification.
- CAPT Carol Gibson at NAF Washington, Joint Base Andrews, earned the Certified Case Manager (CCM) certification.
- ENS Donnie Graening at OHSU Bremerton earned the Perioperative Nursing (CNOR) certification.
- LTJG Jaimie Hardy at Naval Medical Center Portsmouth earned the Oncology Certified Nurse (OCN) certification.
- LT Kenya Hester at Naval Hospital Beaufort earned dual certifications as both an Adult Health Clinical Nurse Specialist and an Acute Care Clinical Nurse Specialist. BZ, LT!
- LT Laurie Jensen at OHSU Bremerton, currently deployed to Role 3, earned the Critical Care Registered Nurse (CCRN) and Certified Post Anesthesia Nurse (CPAN) certifications.
- LT Shannon Smith at Naval Hospital Camp Pendleton earned the Certified Ambulatory Care Nurse (RN-BC) certification.
- LTJG Kenneth Steele at Naval Medical Center Portsmouth earned the Oncology Certified Nurse (OCN) certification.

Education:

- CDR Shawn Harris at Naval Hospital Lemoore earned a Doctorate of Nursing Practice (DNP) from the University of Alabama. His capstone project was entitled "Evaluation of RN Use of the Focused Anesthesia Consult Tool (FACT) to Improve Decision Making Accuracy."
- LCDR Reginald Middlebrooks at Naval Hospital Beaufort earned a post-masters Doctorate of Nursing Practice from the University of Alabama. His scholarly project was entitled "The Effect of Evidence-Based Practice Programs on Individual Barriers of Workforce Nurses: An Integrative Review."

**Receive a certification or a non-DUINS degree?
Selected for an award or honor? For mention in
our BZ section, submit your announcements
through your chain of command to:**

NCNewsletter@med.navy.mil



- LCDR Jason Patacsil at NHC Cherry Point earned a Doctorate of Nursing Practice (DNP) as a Certified Registered Nurse Anesthetist from East Carolina University.
- LT Arlinda Weeks at OHSU Bremerton earned an MBA in Nursing Administration with an emphasis in Health Care Administration from the University of Phoenix.
- LT Peggy Wolstein at OHSU Bremerton earned an MSN and achieved board certification as a Psychiatric Mental Health Nurse Practitioner.

Publication:

- CDR Sharon House at Naval Health Clinic Quantico authored an article entitled "Psychological Distress and its Impact on Wound Healing," which was published in the 2015 January/February issue of Journal of Wound Ostomy and Continence Nursing.

Fair Winds and Following Seas...

- CAPT John Rothacker
- CAPT John Maye
- CDR Vennessa Lake
- LCDR Sherri Lane-Johnson
- LT Rachel Cousins



Nurse Corps Legacy

The first Navy flight nurse on Iwo Jima (6 March 1945) and later Okinawa (6 April 1945), ENS Jane Kendeigh, NC, USNR, became a symbol for casualty evacuation and high altitude nursing. Learn more about ENS Kendeigh and her colleagues [here](#).

(BUMED Archives)

